

Temporary Detention Order (TDO) Exception Report Summary
Monthly (January – May, 2014) and Year-to-Date

Background:

On January 1, 2014, Community Service Boards/Behavioral Health Authority^[1] (CSB/BHA) began collecting data pertaining to TDO exceptions and the factors contributing to same. The DBHDS now requires this data to be submitted monthly by region^[2]. January – May, 2014 data is reported and discussed below.

Exception Definitions^[3]:

The DBHDS tracks and aggregates data on two types of TDO exceptions. These are:

TYPE 1 Event: Where a TDO was sought but not obtained due to lack of willing facility.

TYPE 2 Event: Where a TDO was obtained and executed; but more than 6 hours elapsed.

Factors Contributing to TDO Exceptions^[3]:

There are a number of factors that contribute to TDO exceptions. The following factors are tracked in this report:

1. Unable to locate any available inpatient or CSU bed (i.e., no capacity).
2. Unable to identify willing accepting facility within the allotted six hours.
3. Unable to access bed at state hospital within the allotted six hours.
4. Medical admission prevented behavioral health admission.
5. TDO to other than psychiatric inpatient unit or CSU.
6. Specialized program for persons with ID/DD unavailable.
7. Specialized program for persons 65 years of age and older unavailable.
8. Specialized program for persons younger than 18 unavailable.
9. Other

^[1] There are 39 Community Service Boards and 1 Behavioral Health Authority in the Commonwealth.

^[2] See Appendix for a listing of CSBs and BHA within each of the seven Partnership Planning Regions.

^[3] These definitions have been revised to reflect the new legislation that took effect July 1, 2014.

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Data:

Table 1
REPORTED TYPE 1 EVENTS

	January	February	March	April	May	Year-to-Date
Region 1	1	2	1	0	0	4
Region 2	0	0	0	1	0	1
Region 3	2	1	3	3	0	9
Region 4	1	0	0	1	1	3
Region 5	4	4	1	1	1	11
Region 6	2	0	2	0	0	4
Region 7	2	1	4	0	0	7
TOTAL	12	8	11	6	2*	39

* One individual was unable to care for self due to intoxication and discharged by the ER physician. The other individual was reported as a type 1 event but did not meet ECO criteria. Details can be found on page 7.

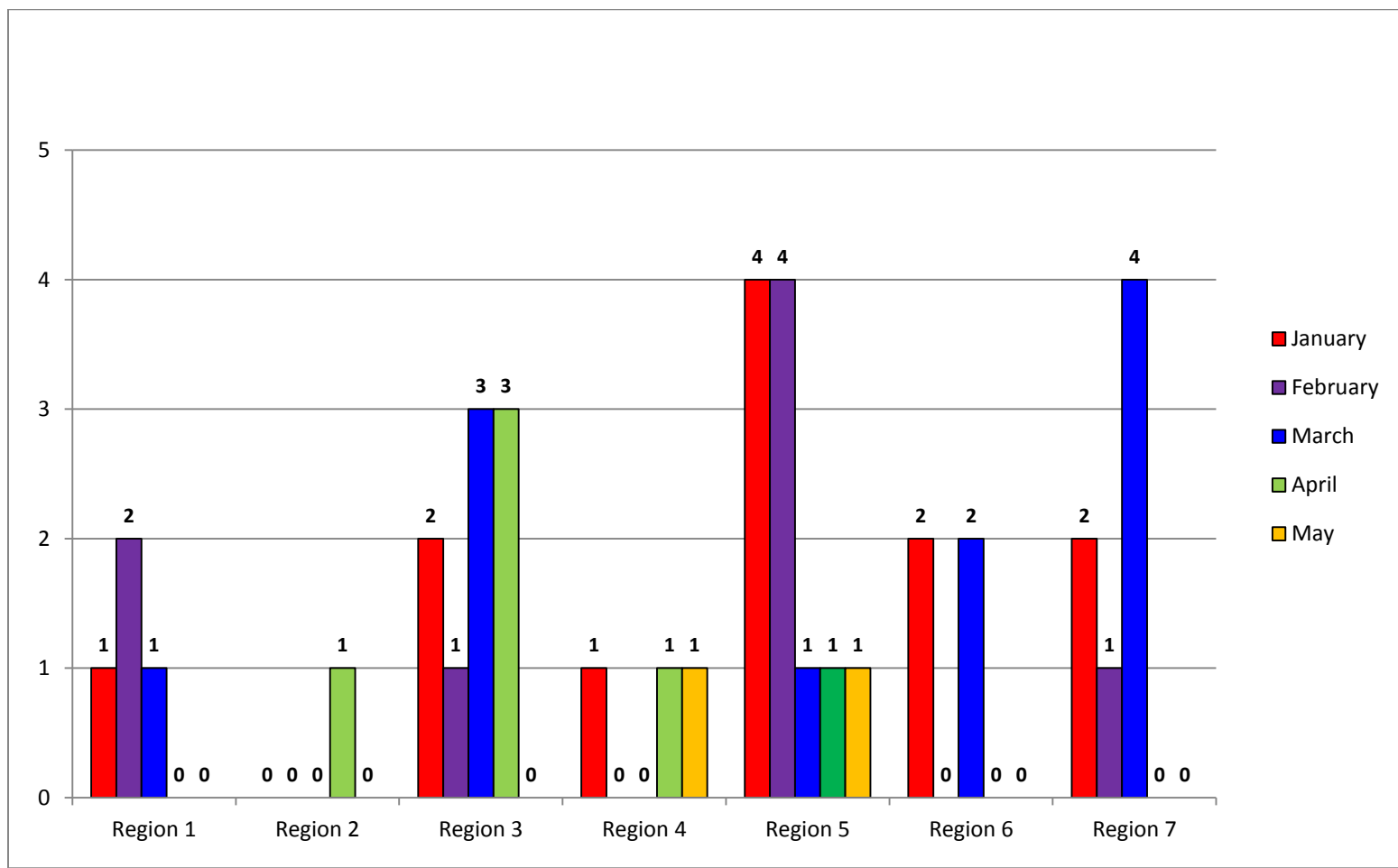
Table 2
REPORTED TYPE 2 EVENTS

	January	February	March	April	May	Year-to-Date
Region 1	26	14	9	24	12	85
Region 2	3	3	5	4	1	16
Region 3	3	3	5	6	3	20
Region 4	14	7	5	4	3	33
Region 5	9	2	7	4	8	30
Region 6	6	5	3	0	2	16
Region 7	28	43	27	35	19	152
TOTAL	89	77	61	77	48	352

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Graph 1: Reported Type 1* Events

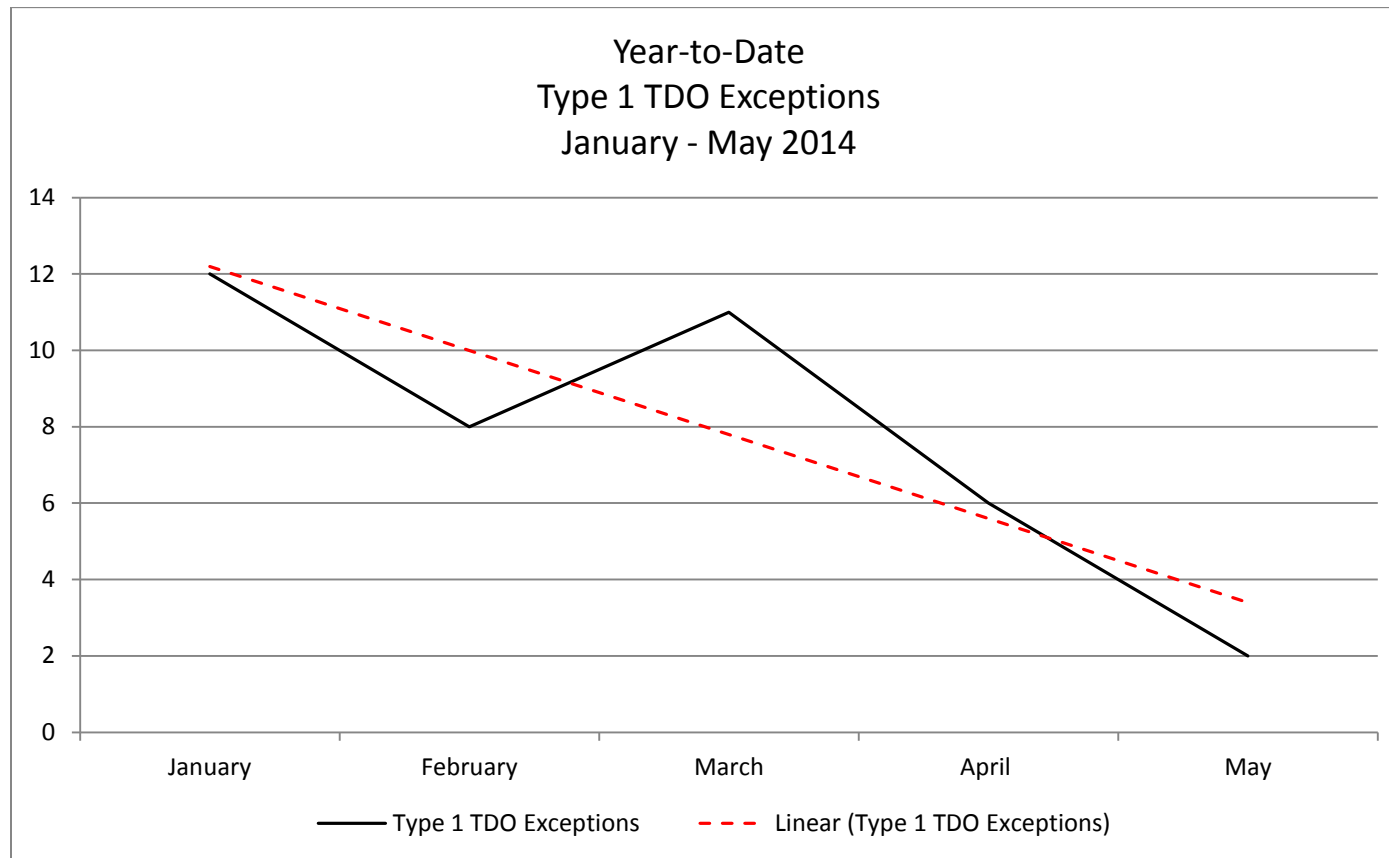
TYPE 1 TDO EXCEPTIONS
January - May 2014



* TDO sought but not obtained due to lack of willing facility.

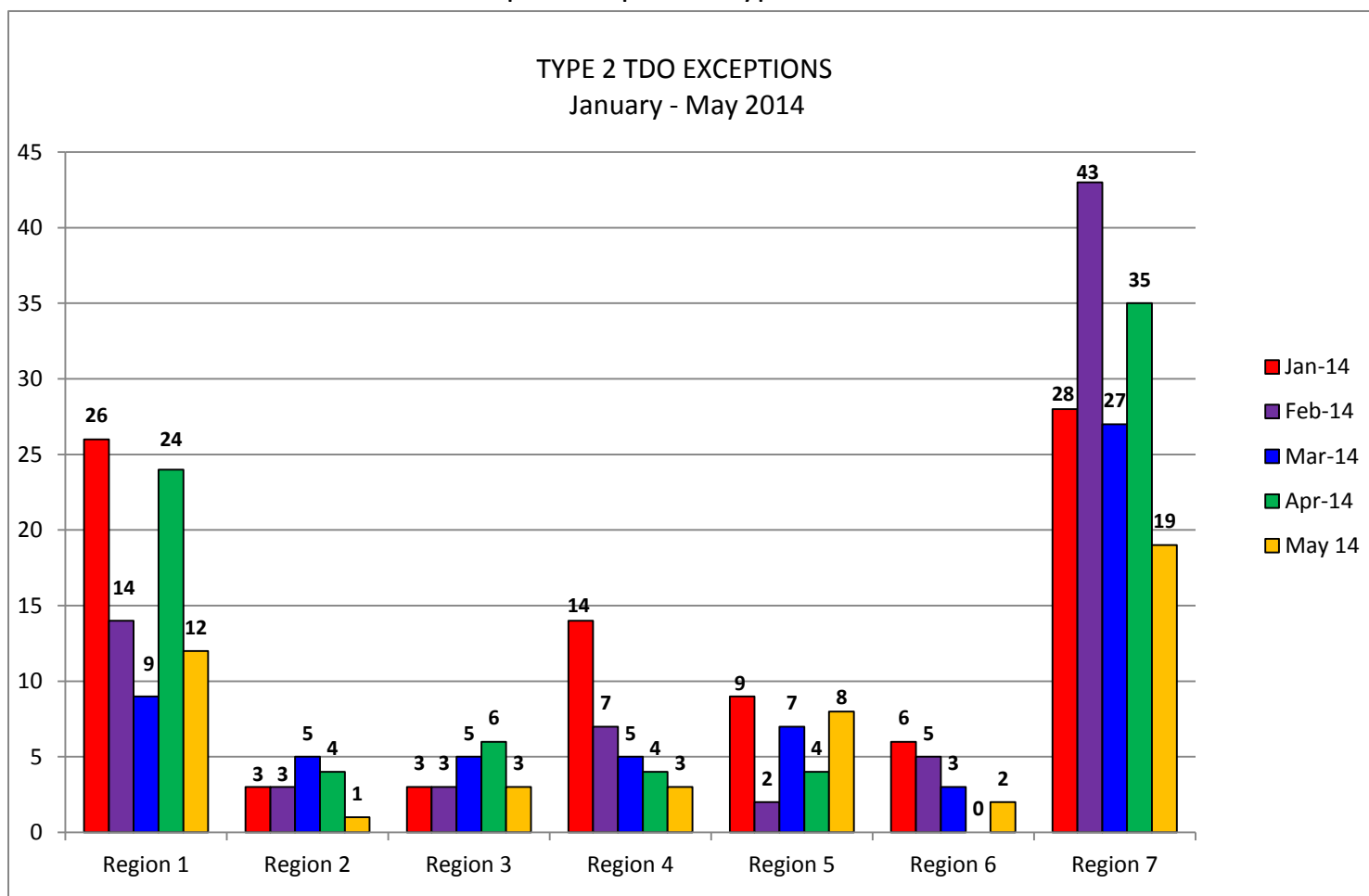
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Graph 2: Reported Type 1 Event Totals
(With trend line)



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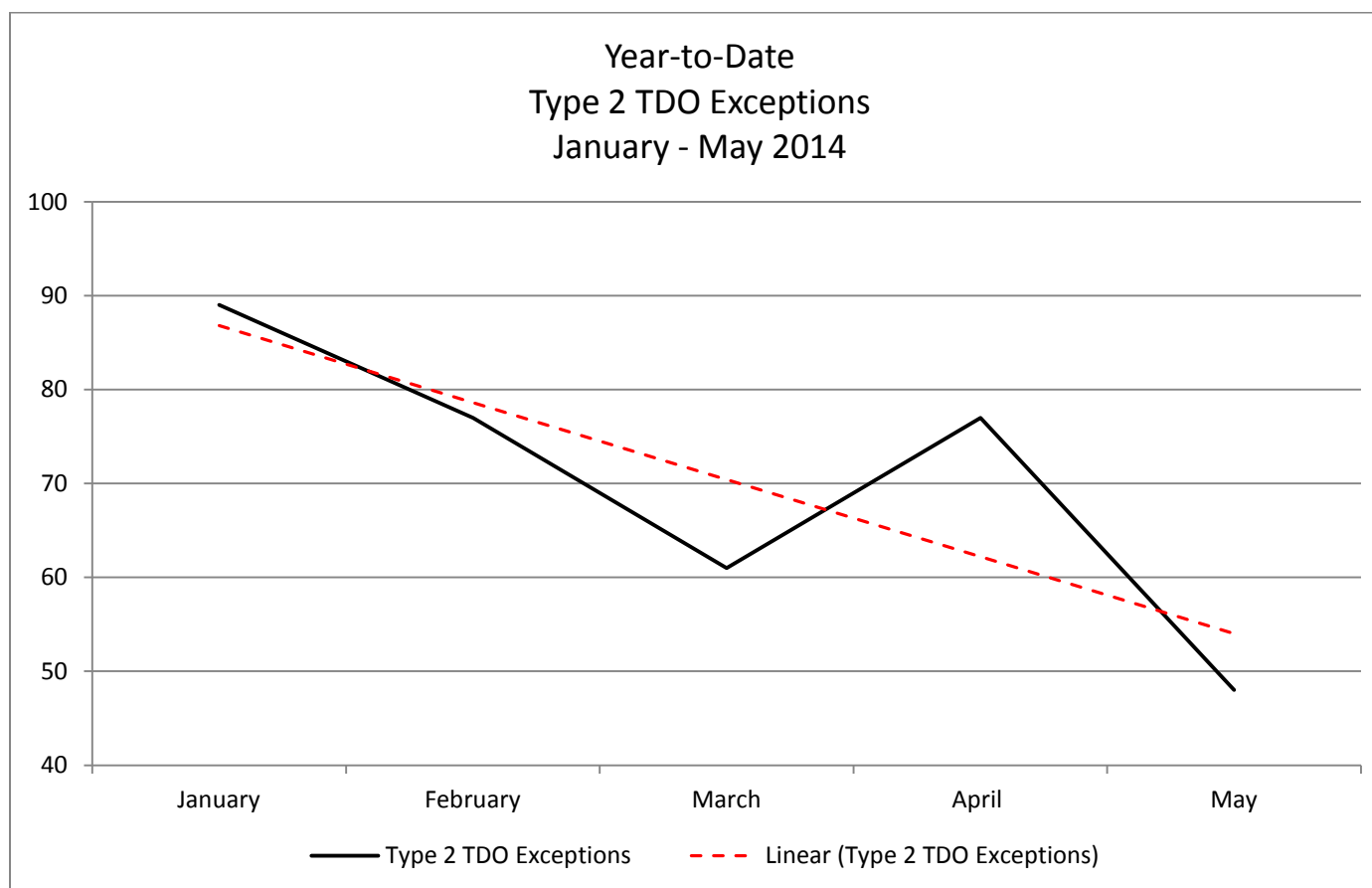
Graph 3: Reported Type 2** Events



** TDO obtained and executed but more than 6 hours elapsed

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Graph 4: Reported Type 2 Event Totals
(With trend line)



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Discussion:

This summary report includes data collected from January to May 2014 (the most current data available) and the May data is reviewed and discussed below. Although five months is too limited of a time period to conduct a thorough statistical analysis of these data, several trends are noteworthy.

First, for Type 1 events, (see Table 1 and Graph 1), the monthly trend declined sharply (Graph 2). For the 2 reported instances of Type 1 events for May, the subsequent disposition of these cases is as follows:

- This individual was considered to be unable to care for self due to intoxication. After seven hours elapsed, the ER physician discharged the individual into the care of family. At the time of discharge, the state hospital (CSH) was waiting for additional medical screening that had not been completed.
- This event was reported as Type 1 event. However the individual was not eligible for an ECO due to incarceration and therefore did not meet the criteria of a Type 1 event.

With respect to Type 2 events (see Table 2 and Graph 3 & 4), Regions I and Region VII continue to report high numbers of Type 2 events, in fact, these two regions account for 65% (31 of the 48) of the Type 2 events in the month of May. However, the overall trend continues downward. Region VII's Type 2 events ranged from 3:20 to 30:00 hours beyond the six hour ECO period. The reasons for the Type 2 events were described as follows:

1. Complex medical needs, high acuity conditions (degree of intoxication, length of time needed to medically stabilize, waiting on lab work), refusal of lab work by individual.
2. Late notification of Emergency Services by Law Enforcement that an ECO had been issued; transportation to assessment site by law enforcement took several hours.
3. Need for specialty services (i.e. ID or geriatric).
4. Failure of fax machines to work properly.
5. Inability to locate a willing private hospital or private hospital changed decision to accept well into ECO period.

Pursuant to new legislation, effective July 1, 2014, state hospitals become the "hospital of last resort". While this legislation means that there should be no Type 1 or Type 2 events after July 1, DBHDS will continue to track the factors that contribute to the inability to locate a community hospital bed necessitating a state hospital admission and cases that may exceed the new, 8 hour ECO limit. DBHDS has also provided consultation and technical assistance to Regions reporting a high number of Type 2 events.

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Twenty-four CSBs of the 40 CSBs (60%) reported no Type 1 or Type 2 events for May, 2014. These were:

Region I

Harrisonburg-Rockingham CSB
Rappahannock Area CSB
Rappahannock-Rapidan CSB
Valley CSB

Region III

Cumberland Mountain CSB
Dickenson County BHS
Highlands CS

Region V

Colonial Behavioral Health
Eastern Shore CSB^[4]
Middle Peninsula –Northern Neck CSB
Norfolk CSB
Portsmouth DBHS

Region VII

Alleghany-Highlands CSB

Region II

Alexandria CSB
Fairfax-Falls Church CSB
Loudoun CSB
Prince William CSB

Region IV

Chesterfield CSB
Crossroads CSB
District 19 CSB
Goochland-Powhatan CS
Hanover CSB

Region VI

Danville-Pittsylvania CS
Piedmont Community Services

^[4] Reported a Type 1 event that was determined to not meet criteria for Type 1 upon analysis

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APPENDIX

Table of Partnership Planning Regions

Partnership Planning Region	Community Service Board or Regional Behavioral Health Authority
1 Northwestern Virginia	Horizon Behavioral Health Services Harrisonburg-Rockingham CSB Northwestern Community Services Rappahannock Area CSB Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
2 Northern Virginia	Alexandria CSB Arlington County CSB Fairfax-Falls Church CSB Loudon County CSB Prince William County CSB
3 Southwestern Virginia	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers CSB New River Valley Community Services Planning District One Behavioral Health Services
4 Central Virginia	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover CSB Henrico Area Mental Health & Developmental Services Board Richmond Behavioral Health Authority
5 Eastern Virginia	Chesapeake CSB Colonial Behavioral Health Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB
6 Southern	Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB
7 Catawba Region	Alleghany Highlands CSB Blue Ridge Behavioral Healthcare